

APPLICANT INFORMATION

Name: Last: _____

Date of Birth: _____

First: _____

Place of Birth: _____

Middle: _____

Residence: _____

Maiden Name: _____

Aliases: _____

Employer and Address:

DOCD

319 Chapanoke Rd. Ste 120

Raleigh, NC, 27699

Sex: Male ___ Female _____

Race: _____

(Write the appropriate letter in the space provided)

W -White B -Black I -American Indian

A -Asian or Pacific Islander U -Unknown

Reason Fingerprinted:

State and Federal Check

NC Day Care Provider

NCGS 114-9.5, 110-90.1 to 110.91

Height: _____

Social Security Number: _____

(*Optional)

Weight: _____

Eye Color: _____

(Write the appropriate letters in the space provided)

BLK -Black GRY -Gray MAR -Maroon

BLU -Blue BRO -Brown GRN -Green

HAZ -Hazel PNK -Pink XXX -Unknown

Your Case NO. (OCA): DOCD000000

Type of Transaction: Non-Federal User Fee

NCFP Card Type: Child Care Provider

Hair Color: _____

(Write the appropriate letters in the space provided)

BAL -Bald BLK -Black BLN -Blond or strawberry

BRO -Brown GRY -Gray or partially

RED -Red or Auburn SDY -Sandy

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

This form is to be submitted to the Division of Child Development with all other required items for a criminal history check to be conducted. Do NOT send this form to the SBI.